Arkansas Adult Education

|  |  |
| --- | --- |
| **\*Start Time:** |  |
| **\*End Time:** |  |
| **\*Intake Hours:** |  |

**Intake Form**

(\*Denotes a required field)

# Initial Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Staff:** |  | **\*Date:** |  |
| **\*LEA:** |  | **\*Site/Location:** |  |

# Participant Information:

*Note: Social security card or acceptable alternative documentation must be presented and viewed by intake staff. If documentation has not been presented, the SSN cannot be recorded in LACES.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Last Name:** |  | **\*First Name:** |  | **Middle:** |  | **Suffix:** |  |
| **\*Date of Birth:** |  | **\*Gender:** |[ ]  **Male** |[ ]  **Female** |[ ]  **Other** |
| **\*SSN:** |  | **\*Residence Area:** |[ ]  **Rural** |[ ]  **Urban** |

# \*Program Information:

**Program:**

Choose Program🞃

**Secondary Program:**

Choose Program🞃

**WAGE™ Program (Y/N)**

[ ]  Yes

[ ]  No

**ESL Student (Y/N):**

[ ]  Yes

[ ]  No

**WIOA Core Program Enrollment**

|  |  |  |
| --- | --- | --- |
| **Title 1 Adult** [ ]   | **Title 1 Dislocated Worker** [ ]   | **Title 1 Youth** [ ]   |
| **Title 3 Wagner-Peyser** [ ]   | **Title 4 Vocational Rehabilitation** [ ]   | **None** [ ]   |

**\*Waiver for 16/17-year-old** (place copy in student’s folder)**:**

***\*Complete only if student is 16/17 years old***

|  |
| --- |
| **Reason Minor Attending Adult Education:** [ ]  Court Order [ ]  Home School [ ]  Waived out of High School |
| **Last School Attended:** |  | (Answer “Don’t Know” if school is unknown or out-of-state.) |

# \*student keyword

**Program:**

Choose Keyword🞃

**If “Other”, please specify:**

|  |
| --- |
|  |

# \*Student Information:

**\*Ethnicity: Hispanic/Latino** [ ]  **Yes** [ ]  **No**

**\*Race:**

Choose Race🞃

**\*\*Highest Educational Level Completed at Program Entry:**

|  |  |
| --- | --- |
|[ ]  No Schooling |[ ]  Secondary School Alternative (i.e., GED®) |
|[ ]  Grade |  |  |[ ]  Some postsecondary, No degree/ diploma |
|[ ]  Grade |  | (No Diploma (secondary school)) |[ ]  Postsecondary or professional degree |
|[ ]  Secondary School Diploma or Credential |[ ]  Unknown |

**\*Location:**

Choose Location🞃

**\*Last Month/Year Attended:**

|  |  |  |
| --- | --- | --- |
|  | **/** |  |

**\*Employment Status at Program Entry:**

Choose Employment Status🞃

**\*Barriers to Employment:** [ ]  **Yes** [ ]  **No**

**If “Yes”, mark all that apply:**

|  |  |
| --- | --- |
|[ ]  Cultural Barriers |[ ]  Foster Care Youth |
|[ ]  Disabled |[ ]  Homeless |
|[ ]  Displaced Homemaker |[ ]  Long Term Unemployment |
|[ ]  Low Income |[ ]  Low Literacy Levels |
|[ ]  English Language Learner |[ ]  Migrant Farmworker |
|[ ]  Ex-Offender |[ ]  Seasonal Farmworker |
|[ ]  Exhausting TANF in 2 Years |[ ]  Single Parent/Guardian |

This 18-25-year-old male has been made aware of his obligation to register with the U.S. Selective Service System and has been made aware of how to register. <https://www.sss.gov/RegVer/wfRegistration.aspx>

**Military Service Experience:** [ ]  **Yes** [ ]  **No**

**\*Notified of Selective Service Obligation:** [ ]  Yes [ ]  No [ ]  Not Applicable

## **Contact Information:**

**Which of the following do you have at home so we can contact you and/or connect you to services?**

**Mark all that apply:**

|  |  |
| --- | --- |
|[ ]  Computer with Camera |[ ]  Home Phone |
|[ ]  Computer without Camera |[ ]  Internet Access |
|[ ]  Webcam |[ ]  Printer |
|[ ]  Headset with Microphone |[ ]  Scanner |
|[ ]  Mobile Phone |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Address:** |  | **\*Zip:** |  |
| **\*City:** |  | **\*County:** |  | **\*State:** |  |
| **Phone:** |  | **(Cell)** |  | **(Home)** |
| **Email Address:** |  | **@** |  | **.com** |
| **Social Media (Facebook/Twitter/Instagram, etc.):** |  |
|  |
|  |

## **Contact Information (cont.):**

Demographic Tab

Education Tab/Language

|  |  |
| --- | --- |
| **\*Country of Birth:** |  |
| **\*First/Native Language:** |  |
| **\*Data Sharing Agreed?** | [ ]  **Yes** [ ]  **No** |

## **Emergency Contact Information:**

|  |  |
| --- | --- |
| **Contact Preference:** |  |
| **Emergency Contact:** |  | **(Name)** |  | **(Relationship)** |  | **(Phone)** |

## **\*Correctional Information:**

**\*Correctional Status:**

Choose Correctional Status🞃

|  |  |
| --- | --- |
| **Inmate Number:** |  |
| **Institutional:** | [ ]  Yes [ ]  No [ ]  Not Applicable |

## **Disability Status:**

**Apparent or Disclosed Disability:** [ ]  Yes [ ]  No

**Specific Learning Disability:** [ ]  Yes; Disclosed/Observed [ ]  Yes, Documented [ ]  Not Applicable

|  |  |
| --- | --- |
| **Notes:** |  |

*Note: If a disability is disclosed, please have the student sign the Authorization for Release of Strictly Confidential Information to Local Staff or Volunteers form and keep in a separate locked file. (Appendix A)*

# Student referral data:

**\*How did the participant learn about this program?**

Choose Referral Option🞃

**If “Other”, please specify:**

|  |
| --- |
|  |

**\*Referring Agency?**

Supplemental Nutrition Assistance Program (SNAP)🞃

**If “Other”, please specify:**

|  |
| --- |
|  |

# Optional Additional information:

|  |  |  |
| --- | --- | --- |
|[ ]  **Driver’s License** |[ ]  **Reliable Transportation** |[ ]  **Registered to Vote** |

**Additional Notes/Comments (i.e., support services needed or requested, attendance at other adult education programs, program interests, etc.)**

Arkansas Adult Education provides equal educational opportunities to all students regardless of race, color, sex, gender identity, sexual orientation, age, religion, national origin, ancestry, or handicap.

No otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits for, or be subjected to discrimination in programs or activities sponsored by a public entity.

# **Data Sharing Agreement** (must be signed and marked in laces in order to be data matched):

*I give permission for the information collected in the Arkansas Adult Education Data Management System to be used in data sharing within the Arkansas Adult Education Division and with the Arkansas Department of Workforce Services and the Arkansas Department of Higher Education.*

|  |  |
| --- | --- |
| **Print Student Name:** |  |
|  |  |
| **Student Signature:** |  | **Date:** |  |

# Appendix A:

**Appendix A**

Arkansas Adult Education/Literacy

Learning Disabilities Planning & Policy

AUTHORIZATION FOR RELEASE OF STRICTLY CONFIDENTIAL INFORMATION TO LOCAL STAFF OR VOLUNTEERS

I give my permission to release information contained in the document(s) indicated below:

Please date, initial, and check [🗸] the appropriate items below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** |  | **Initials** | **Check** | **Item** |  |
|  |  |  | [ ] | Learning Needs Screening |
|  |  |  | [ ] | Current Intake Form |
|  |  |  | [ ] | School Records from: |  |
|  |  |  | [ ] | Other Records from: |  |

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information can be made available to several staff members, please list their names below, then date, initial, and check [🗸] the appropriate individuals. If different information is going to various individuals, use separate forms.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | INITIALS | [🗸] | STAFF NAME |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

This release is valid for one year from the date of my signature or until it is revoked in writing, whichever occurs first. This release has been read out loud to me, and I understand its contents.

|  |  |
| --- | --- |
| **Name:** |  |
|  |  |
| **Signature:** |  | **Date:** |  |

**Signature of the staff person releasing the information:**

|  |  |
| --- | --- |
| **Name:** |  |
|  |  |
| **Signature:** |  | **Date:** |  |

# Release of confidential and/or academic information:

|  |  |  |
| --- | --- | --- |
| I, |  | (Student Name), authorize |
|  | (Program Name) to use my name and/or photo in the following manner: |

(Initial Below if you agree)

|  |  |
| --- | --- |
|  | Graduation Packet, mailings, program, news release, and/or booklet |
|  | Newsletter |
|  | Television |
|  | Videotaping |
|  | Photographing |
|  | Radio |
|  | Social Media |
|  | Other: |  |
|  | All Listed Above |

|  |
| --- |
|  |

This release is valid from the date of signature until (Ending Date)

or until canceled by the undersigned in writing. I understand that my participation in GED® Testing will be kept confidential and will not be used in any media manner other than stated above without my consent.

This release form has been read and reviewed with me, and I understand its contents.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Student Signature** |  | **Guardian’s Signature** |  | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |  |
| **(Street Address/P.O. Box)** |  | **(City)** |  | **State** |  | **(Zip)** |

V.7/12/2024